

INSTRUCTIONS FOR OBTAINING A NEW HAMPSHIRE LICENSE

Application for licensure is considered on an individual basis. In submitting your applications for licensure, the following must be included or processing of your application will be delayed. You must provide the Board with the following:

- ☐ Fee of \$100.00 Made payable to Treasurer State of NH. No refund will be issued if you do not complete the process. The process must be completed within 90 days. If not your fee will be forfeited.
- ☐ 2 inch X 2 inch Passport photo;
- ☐ Individual licensed in another state form (Form enclosed);
- ☐ Completed questionnaire (Form enclosed);
- ☐ Certification of State Licensure form. This must be obtained from the State Board in which license is held. This form **MUST** have the embossed State Seal. This form is sent directly to us from your State Board. If you have already contacted your state board and requested the certification to be sent to us we will contact you once we receive it.
- ☐ Must obtain exam information which states type of exams and language exams were taken in. In order to receive reciprocity you must have taken a hands on practical exam and a national written exam taken in English.
- ☐ Transcripts of Training: (From training school with hours and subjects listed) If the school has closed we need a notarized letter indicating this with school name & address;
- ☐ If the applicant doesn't have the required 1500 Hours of master barbering or cosmetology schooling, a notarized letter from a previous employer or co-worker stating you have 3,000 hours work experience. Estheticians must have 600 hours of schooling. If the esthetician has less than 600 hours of schooling a notarized letter from a previous employer or co-worker stating you have 1200 hours of work experience. A manicurist needs 300 hours of schooling. If the manicurist has less than 300 hours a notarized letter from a previous employer or co-worker stating you have 600 hours of work experience. **THE LETTER MUST STATE HOURS WORKED REGARDLESS OF THE NUMBER OF YEARS;**
- ☐ Proof of High School Education, GED, or if you are 21 or more years of age a photocopy of your birth certificate or driver's license.
- ☐ Photocopy of current license in your trade

NOTE: If the documents required for reciprocity are not written in English, please have them translated to English and notarized. The application must be completed in ink or typed. Once the application has been approved the applicant shall be notified that they have been scheduled for the New Hampshire state law exam. Please study the enclosed information. **NO** temporary permit shall be issued. **NO ONE MAY WORK IN OUR PROFESSION IN THE STATE OF NEW HAMPSHIRE UNTIL YOU HAVE PASSED THE STATE LAW EXAM AND RECEIVED YOUR LICENSE.** EXAM IS GIVEN BY APPOINTMENT ONLY. The exam is given on Wednesday mornings at 8:30.

**NH STATE BOARD OF BARBERING,
COSMETOLOGY, AND ESTHETICS
2 INDUSTRIAL PARK DRIVE
CONCORD NH 03301
603 271-3608**

INDIVIDUALS LICENSED IN ANOTHER STATE

APPLICATION FOR ORIGINAL LICENSURE:

(CHECK THE NECESSARY LICENSURES)

() COSMETOLOGY () BARBER () MANICURING () ESTHETICS

FULL NAME (Print or type): _____
FIRST MIDDLE MAIDEN LAST

HOME MAILING ADDRESS: _____
NUMBER/STREET

CITY/TOWN STATE ZIP CODE

CELL PHONE # _____ HOME PHONE # _____

SOCIAL SECURITY # _____

LIST STATE CURRENT LICENSE IS HELD IN: _____

NAME & ADDRESS OF TRAINING SCHOOL: _____

DATE ENROLLED: _____ GRADUATION DATE: _____

TOTAL HOURS: _____ MONTH OF BIRTH: _____

APPLICANT SIGNATURE: _____ Date _____

NH STATE BOARD OF BARBERING,
COSMETOLOGY, AND ESTHETICS
2 INDUSTRIAL PARK DRIVE
CONCORD NH 03301
603 271-3608 Phone
603 271-8889 Fax

QUESTIONNAIRE FOR APPLICANTS and LICENSEES

- This questionnaire must be completed using blue or black ink, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. The NH Board of Barbering, Cosmetology, and Esthetics will issue no application, license, renewal, or work permit without this form being completed. (If additional space is required for explanation use other side.)

1. Have you ever been convicted of any felony or misdemeanor, **other than a traffic violation**, which has not been annulled by a court? (Circle one) YES NO
If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the Court(s) a copy of the court charge(s), conviction(s), penalties imposed, and provide a statement from you relative to the charge(s); and

If you are currently on probation you must provide all the above plus the following: You must provide your probation officers name, mailing address, and telephone number if applicable; and You must obtain a letter from your probation officer stating you are in compliance with your probation. If you were on probation/parole and have completed all requirements we need a letter indicating you have met all requirements and are no longer on probation or parole.

If you have already submitted the above to the Board, in a prior application, and the Board approved the conviction(s) you must state the conviction, the date of the conviction, and the date the Board approved this conviction:

2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) YES NO If yes explain:
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A? (Circle one) YES NO If yes, Explain:

I hereby certify that the statements made in this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone _____ Social Security No. _____

